
BOARD OF OCCUPATIONAL THERAPY PRACTICE
Spring Grove Hospital Center ♦ 55 Wade Avenue ♦ Baltimore, MD 21228
Phone: 410-402-8560 ♦ Fax: 410-402-8561
www.mdotboard.org

VERIFICATION OF LICENSURE FORM

PART I: TO BE COMPLETED BY APPLICANT

1. Name: _____ 2. Social Security Number: _____
3. Address: _____
4. City: _____ 5. State: _____ 6. Zip: _____
7. Home Phone: (____) _____ 8. Work Phone: (____) _____
9. Type of License Applying for: ☐ Occupational Therapist ☐ Occupational Therapy Assistant
 ☐ Temporary Occupational Therapist ☐ Temporary Occupational Therapy Assistant
10. State or foreign country in which you are/were licensed: _____ None ☐
 Make a copy of this form for each state or foreign country in which you are or ever have been licensed.

PART II: TO BE COMPLETED OR RETURNED WITH EQUIVALENT DOCUMENTATION BY STATE OR FOREIGN COUNTRY.

The Occupational Therapist or Occupational Therapy Assistant listed above has applied for licensure in the State of Maryland. Please provide the following information.

11. Occupational Therapist Yes ☐ No ☐ 12. Occupational Therapy Assistant Yes ☐ No ☐
13. License Number _____ 14. Status: _____
15. Date Issued: _____ 16. Expiration Date: _____
17. Did the licensee obtain a temporary license only? Yes ☐ No ☐
18. If yes, can the temporary license be verified via this form? Yes ☐ No ☐
19. Has this license ever been surrendered, suspended or revoked? Yes ☐ No ☐
20. If yes, has the license been reinstated: Yes ☐ No ☐
 (If license has been surrendered, suspended or revoked, please give particulars on the reverse side of this form.)
21. The Board of _____ of the State of _____
 certifies that the above information is correct.

22. Signature _____

 Title _____

 Date _____

 Agency Address _____

PLEASE RETURN DIRECTLY TO THE MARYLAND BOARD OF OT

TDD FOR DISABLED
MARYLAND RELAY SERVICE
1-800-735-2258